

MQ-25
(02-02-04)**U.S. DEPARTMENT OF AGRICULTURE**
Farm Service Agency**APPLICATION FOR NEW FARM
TOBACCO ALLOTMENT OR QUOTA**

(See Page 3 for Privacy Act and Public Burden Statements)

| | | | | | | |
|--|--|---|--|--------------------|-----------------|--------------------|
| 4A. Operator Name and Address | | 4B. Farm No. | 5. Farm's Current Allotments, Quotas and Bases | | | |
| | | 4C. Farmland | A. COMMODITY | B. BASE (Acres) | C. COMMODITY | D. BASE (Acres) |
| | | 4D. Cropland | | | | |
| | | | | | | |
| 6. Requested Allotment or Quota (Acres or Lbs.) | | 7. Acreage of Requested Allotment or Quota to be Planted | | | | |
| <input type="checkbox"/> Acres | | <input type="checkbox"/> Acres | | | | |
| <input type="checkbox"/> Pounds | | <input type="checkbox"/> Pounds | | | | |

Application is hereby made for a new farm acreage allotment or quota for the above-designated kind of tobacco on the farm identified above. It is understood and agreed that: (1) any allotment or quota established because of this application is subject to cancellation if it is later determined that any information furnished herein is not correct because of willful misrepresentation on the part of the applicant; (2) this farm may be inspected before the allotment or quota is approved; and (3) the allotment or quota established shall be subject to reduction for underplanting in accordance with applicable laws or regulations.

PART A - PAST PRODUCTION EXPERIENCE

| A. YEAR | B. OPERATOR OF FARM ON WHICH TOBACCO WAS PRODUCED | C. FARM NUMBER | D. KIND OF TOBACCO GROWN, HARVESTED AND MARKETED | E. TENURE OF APPLICANT | F. ACRES OF TOBACCO GROWN |
|------------|---|-------------------|---|------------------------------|---------------------------------|
| 8. | | | | | |
| 9. | | | | | |

PART B - DATA TO DETERMINE ELIGIBILITY

| | YES | NO |
|---|-----|----|
| 10. Does the operator or the owner of this farm have any ownership interest in or operate any other farm in the United States for which allotment or quota will be established for the current year for any kind of tobacco? | | |
| 11. Is the operator sole owner of this farm? (Not applicable to cigar tobacco.) | | |
| 12. Is the type of soil and topography of the available land suitable for the production of requested tobacco allotment or quota? | | |
| 13. Does the operator own or otherwise have readily available adequate equipment and other facilities of production? | | |
| 14. During the current year, is more than 50 percent of the operator's expected total income (Including spouse's income) to be derived from the production of agricultural commodities or products? (Exclude estimated income from production of the requested allotment or quota.) | | |
| 15. During the current year, is more than 50 percent of the operator's total income (including spouse's income) to be derived from the production of agricultural commodities or products on this or other farms? | | |
| 16. In the current or four preceding years, has tobacco allotment or quota been (1) sold, (2) forfeited, or (3) designated farm by reconstitution? | | |
| 17. In the 5 preceding years, has land in the farm been acquired through eminent domain and the entire tobacco allotment or quota pooled? | | |

PART C - CERTIFICATION OF FARM OPERATOR

I hereby certify that the Information furnished herein is true and correct to the best of my knowledge and belief in accordance with applicable law or regulations.

| | |
|----------------------------------|------------------------|
| 18A. SIGNATURE OF FARM OPERATOR: | 18B. DATE (MM-DD-YYYY) |
|----------------------------------|------------------------|

PART D - COMMITTEE RECOMMENDATION AND CERTIFICATION

19A. On the basis of information contained in this application for a new farm allotment or quota and pursuant to eligibility requirements contained in applicable regulations, the applicant is:

ELIGIBLE ☐ INELIGIBLE ☐ (If ineligible, explain):

19B. We hereby certify that all information herein with respect to the farm covered by this application is correct the best of our knowledge and belief and that the allotment or quota recommended has been determined in accordance with procedure for the year shown above and, in our judgment, is fair and reasonable.

| | | | |
|-------------------------------------|---------------------------------|--|----------------------------------|
| 19C. Recommended Allotment or Quota | 19D. County Committee Signature | PART E - STATE COMMITTEE ACTION | 20C. Approved Allotment or Quota |
| | 19E. Date (MM-DD-YYYY): | 20A. STC REP. SIGNATURE | |
| | | 20B. DATE (MM-DD-YYYY) | |

21. FARM NUMBER:

22. NAME OF OPERATOR:

PART F - ANTICIPATED INCOME OF APPLICANT AND SPOUSE FOR THE CURRENT YEAR**23. FROM THIS FARM**

| A. Crops Produced (including home garden) | | | | | B. Livestock and Livestock Products | | | | | | |
|---|----------------|--------------------------------|---------------------------|--|-------------------------------------|---------------|---------------------------|---------------------------|--|--|--|
| (1) Crop | (2) Acreage | (3) Estimated Production | (4) Estimated Value | (5) Value of Applicants Share | (1) Kind | (2) Number | (3) Estimated Value | Sales or Home Use | | (6) Check if Livestock Owned By Operator | |
| | | | | | | | | (4) Estimated Value | (5) Value of Applicants Share | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (6) TOTAL | | | | \$ | (7) TOTAL | | | | \$ | | |

24. FROM OTHER FARMS

| A. Crops Produced (Including home garden) | | | | | B. Livestock and Livestock Products | | | | | | |
|--|----------------|--------------------------------|---------------------------|--|-------------------------------------|---------------|---------------------------|---------------------------|--|--|--|
| (1) Crop | (2) Acreage | (3) Estimated Production | (4) Estimated Value | (5) Value of Applicants Share | (1) Kind | (2) Number | (3) Estimated Value | Sales or Home Use | | (6) Check if Livestock Owned By Operator | |
| | | | | | | | | (4) Estimated Value | (5) Value of Applicants Share | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (6) TOTAL | | | | \$ | (7) TOTAL | | | | \$ | | |
| (8) TOTAL INCOME FROM FARMING | | | | | | | | | \$ | | |
| (Sum of Items 23A (6), 23B (7), 24A (6) and 24B (7)) | | | | | | | | | \$ | | |

C. FROM NON-FARM SOURCES

25. Does the applicant or spouse expect to be employed in any kind of non-farm work in the current year?

YES ☐

(If "YES" answer Items 26, 27, and 28)

NO ☐

26. Name of Employer

27. Kind of Work

28. Anticipated Annual Income

\$

29. If the applicant or spouse will have any income in the current year other than specified in Items 23 through 28, give amount and source:

AMOUNT: \$

SOURCE:

30. REMARKS:

PART G - COMMITTEE REPRESENTATIVE CERTIFICATION

I hereby certify that I visited this farm on the date indicated below, and that the information shown herein is correct to the best of my knowledge and belief.

31A. Date Farm Visited
(MM-DD-YYYY)

31B. Signature of Committee Representative

County ☐State ☐

31C. Date (MM-DD-YYYY):

NOTE: *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Adjustment Act of 1949, as amended, the Commodity Credit Corporation Charter Act, as amended, and the regulations promulgated thereunder (7 CFR Parts 723 and 1464). The information will be used to determine eligibility for a tobacco allotment or quota on a new farm. Furnishing this information is voluntary; however, failure to furnish correct, complete information may result in loss of program benefits. The information may be furnished to other USDA Agencies, Environmental Protection agency (EPA), Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate, or administrative tribunal responsible for enforcing the provisions of the Agricultural Adjustment Act of 1938, as amended, the Agricultural Act of 1949, as amended, and the Federal Insecticide, Fungicide, and Rodenticide Act, as amended.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0058. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***